EXECUTIVE SUMMARY

Missouri Mental Health Commission Meeting

Department of Mental Health
1706 East Elm Street
Jefferson City, MO 65101

January 10, 2008

PRESENT

Ron Dittemore, Chair
Beth Viviano, Secretary
Phillip McClendon
Patricia Bolster, M.D.
Kathy Carter
David Vlach, M.D.

STAFF

Keith Schafer, Department Director
Lynn Carter, Deputy Director
Mark Stringer, Division Director, ADA
Dr. Joe Parks, Division Director, CPS
Felix Vincenz, CEO, CPS
Bernie Simons, Division Director, MRDD
Brent McGinty, Administration
Jan Heckemeyer, DMH Administration
Monica Hoy, Assistant to the Director
Bob Bax, Director's Office
Diane McFarland, DMH Transformation
Rikki Wright, General Counsel
Pam Leyhe, Director's Office
Audrey Hancock, Director's Office
Cathy Welch, Director's Office
John Heskett, DMH Office of Child MH
Leigh Gibson, Consumer Safety
Benton Goon, MIMH, Transformation

GUESTS

Jeff Grosvenor, MRDD
Rosie Anderson-Harper, CPS
Marsha Buckner, ADA
Laurie Epple, ADA
Robin Rust, MRDD
Tec Chapman, MRDD
Gary Lyndaker, ITSD
Rhonda Haake, ITSD
Susan Pritchard-Green, MO PCDD
Laine Young-Walker
Debbie McBaine, ADA
Vickie Epple, DMH Transformation
Barry Critchfield, Deaf Services
Liz Hagar-Mace, DMH Housing
Julia Kaufmann, MRDD
Virginia Selleck, CPS
Angie Stuckenschneider, ADA
Molly Boeckmann, OA Budget & Planning
Peg Capo, DDRB
Erica Stephens, MO P & A
Tim Swinfard, MO CMHC
Jhan Hurn, Community Support Services
Greg Kramer, Life Skills
Martha Davis, MO Senate Appropriations
Wendy Sullivan, Life Skills
Ann Mattingley, BMS
Joyce Prage, PLB
Erika Leonard, MARF
Janet Farmer, MU Thompson Center
Danny Wedding, MIMH

TOPIC/ISSUE	DISCUSSION
CALL TO ORDER/ INTRODUCTIONS	Ron Dittemore called the Missouri Mental Health Commission Meeting to order at 9:30 a.m. on January 10, 2008. The meeting was held at Department of Mental Health in Jefferson City. Introductions were made.
APPROVAL OF MINUTES	Kathy Carter made a motion to approve the Mental Health Commission minutes for December 13, 2007. David Vlach seconded the motion and the Minutes were approved.
OPEN DISCUSSION	There were no items for discussion.
PUBLIC AFFAIRS AND LEGISLATIVE UPDATE	Bob Bax, Legislative Liaison, reported on the following: • Preparations are ongoing for the April 16, 2008 Mental Health Champions Banquet. • The MO Mental Health Foundation work continues. Details will be provided in the coming weeks. • MRDD name change – SB 756 filed by Senator Engler changes the name of the Division of Mental Retardation and Developmental Disabilities to the Division of Developmental Disabilities. We are seeking a sponsor in the House. • Intermediate Care Facilities for Mentally Retarded (ICFMR) Provider Tax – similar to the provider tax for hospitals, nursing facilities, allowed under Medicaid. Would generate approximately $3.6 million annually plus federal funds. • MRDD Community Oversight – SB 880 filed by Sen. Green is similar to SB 174 from last session. Is to ensure MRDD community providers have same quality standards and oversight as state-operated MRDD facilities. • Consumer and public safety – includes four provisions related to the Division of Comprehensive Psychiatric Services. 1. Use of escort devices: Change needed to comply with Center for Medicaid Services requirements. 2. Good Samaritan Statute: Change would allow persons other than mental health professionals to intervene in threatened suicide and not be liable for any civil damages. 3. Release of information: Would add language to specify release of client information be HIPAA compliant. 4. Mental Health Coordinators: Would delete the current requirement that mental health coordinators be state employees and would allow them to be contract or community mental health provider employees. The DMH would continue to designate mental health coordinators. 5. SB 768, Sen. Rupp: Creates Missouri Commission on Autism Spectrum Disorders. DMH will provide support. 6. SB 770, Sen. Rupp: Creates Missouri Scholarship for Students with Developmental Disabilities Program. 7. SB 799, Sen. Days: requires every school district to develop policy of incorporating social and emotional development into the districts' educational program. Would collaborate with Office of Child Mental Health. 8. HB 1408, Rep. Deeken: Creates a fund to reduce alcohol-related problems, funded from excise tax on alcohol.
DIRECTOR'S UPDATE	• Pam Leyhe shared that the DMH Housing Unit recently was awarded two major HUD Housing Grants totaling nearly $4 million. She noted the press release that she and other staff attended in St. Louis regarding housing for the homeless which will also target veterans. • Commission meeting format – Keith Schafer addressed concerns about the use of time at Commission meetings and

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	will ask for discussion at a future meeting.
	• FY 2010 Budget
	  o Keith shared some concerns about possible state budget deficits that may culminate in 2010-2011.
	  o Governor's Public Announcements: Most budget recommendations will be announced during or after the State-of- the-State Address on January 15. Items the Governor has announced include:
	  ▪ $12.4 million for Autism Spectrum Disorders, including $5 million for the MU Thompson Center for Autism
	  ▪ A news release is expected today regarding the importance of the rate increase for providers
	  ▪ $2 million in one-time funding for a two-year cost sharing grant program for school-based mental health

INVESTIGATIONS UPDATE	Lynn Carter shared an update on the status of the Investigations Unit: • There were 1,261 investigations in 2007, only three of which exceeded 30 days. • There is now no backlog. • Lynn thanked Patty Pratt, Jason Jones, and Jacque Christmas for their work in these accomplishments.

SBIRT GRANT	Barbara Keehn, District Administrator for the Division of Alcohol and Drug Abuse, presented an overview of the SBIRT (Screening, Brief Intervention, and Referral to Treatment) Grant through the Substance Abuse Mental Health Services Administration (SAMHSA):
	• Five-year Cooperative Agreement; up to $2.52 million per year for five years
	• Applicant: Office of the Governor; Lead Agency: DMH
	• What is SBIRT:
	  o Screening Only—patient screened for alcohol, tobacco and other drugs
	  o Brief Intervention—screened for alcohol, tobacco, other drugs and receives Brief Intervention in medical facility
	  o Brief Treatment—receives Brief Treatment in medical facility plus additional sessions in community, if necessary
	  o Referral to Treatment—receives Brief Intervention in hospital with a warm handoff to treatment
	• Why SBIRT:
	  o Targets those whose use may be risky but has not yet manifested in abuse or addiction
	  o Earlier intervention with less cost and time in intensive care
	  o Integration of evidence-based practice
	  o Linkages between substance use, mental health, public health, private healthcare system and healthcare providers
	  o Identify system changes to increase access to treatment in physical health settings
	  o Grant requirement to use Alcohol, Smoking and Substance Involvement Screening Test (ASSIST) Screening Tool
	  o Developed by the World Health Organization
	  o Designed for use by health care professionals in a range of health care settings
	• When to delay screening:
	  o If the patient needs immediate emergency treatment

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	○ If the patient is distressed or in pain ○ If the patient is unconscious or unable to consent • Estimated Utilization ○ Screen 16,320 per year ○ Brief intervention about 20%, 3,364 per year ○ Brief treatment about 10%, 1,632 per year ○ Treatment referral about 5%, 816 per year ○ 6-month follow-up, 571 per year • SBIRT In a Box ○ Tablet portable computer ○ All assessments, forms and materials ○ Manualized evidence-based intervention protocols ○ Interactive displays to show patients the health impact of their substance use ○ Contains staff training materials ○ Automatically uploads information to the centralized project database • MO-SBIRT Procedures – follow-up action depends on score • Proposed Grant Sites: ○ Springfield, MO – CoxHealth Regional Services ○ St. Joseph, MO – Heartland Hospital Emergency Room ○ St. Louis, MO – People's Health Clinic—FQHC ○ Central Missouri • Policy Issues ○ Four SBI codes established on federal level for reimbursement; two for private insurance, two for Medicaid ○ Missouri's Uniform Accident and Sickness Policy Provision Laws ○ More screening puts an increased demand on an already over-burdened system—SBIRT will help identify needs • What We Need from the Mental Health Commission: ○ Support for the Project ○ Support for changing insurance laws ○ One member to sit on the Policy Steering Committee. Commission Chair Ron Dittemore appointed Commissioner Phillip McClendon to fill that position. Cost savings for this project will be forwarded to the Commissioners. Other information is at: www.sbirt.samhsa.gov
PUBLIC COMMENT	There were no Public Comments.

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DIVISION AND SECTION UPDATES	Diane McFarland reported on Office of Transformation activities: • Upcoming Missouri Procovery Program Training: o Introduction to Procovery—full day training introducing principles/strategies of Procovery. Locations/Dates: March 5 – Cape Girardeau, March 7 – Springfield, March 10 – Kansas City, March 12 – St. Louis, March 14 – Farmington, May 14 – MO DMH Spring Training Institute o Introduction to Procovery Circle Facilitation—training for those who have completed Introduction to Procovery.: May 16 – Springfield, May 19 – Kansas City, May 21 – St. Louis, June (date TBD) – Cape Girardeau o Procovery Circle Facilitator meetings—for licensed Procovery Circle Facilitators only: January 17 – Poplar Bluff, FCC, January 22 – Farmington, BJC, February 5 – St. Louis, BJC North, February 6 – Fulton State Hospital, February 7 – Kansas City, TMC. June Facilitator meetings will tentatively be held in St. Louis, Kansas City, Springfield, Farmington, Fulton, and Cape Girardeau/Sikeston area. Exact schedule TBD. o For latest information, visit MO Procovery Community Center by clicking on MO button at www.procovery.com • Regional Health Commissions are moving forward quickly with implementation of Transformation goals. • The Missouri Foundation for Health wants to do a rural pilot equivalent to the Regional Health Commissions. Benton Goon, MIMH, Office of Transformation, reported on a mental health literacy effort called, "Mental Health First Aid" that began in Australia by Betty Kitchener of the University of Melbourne. It is a 12 hour training that can be focused with any population and teaches how to best be of help to people with mental health issues. Transformation is partnering with the state of Maryland, another Transformation Grant recipient state, to develop a Mental Health First Aid Manual. Transformation is also partnering with Missouri Institute of Mental Health to offer a web conference as an introductory to MH First Aid on January 15, 2008, at 10 a.m. Diane extended an invitation to the Commissioners to participate in the webinar. More information on Mental Health First Aid can be accessed at http://www.mhfa.com.au/.
CLOSED EXECUTIVE SESSION	Phillip McClendon made a motion that the Mental Health Commission go into Closed Executive Session in accordance with Section 610.021, (1), RSMo, Discussions with Legal Counsel. Beth Viviano seconded and a roll call was taken. The motion unanimously passed.
INCOMPETENT TO STAND TRIAL	Dr. Joe Parks presented an overview of issues regarding Incompetent to Proceed Commitments: • An individual charged with a crime who because of a psychiatric disorder or developmental disability, lacks capacity to understand the court proceedings or is unable to assist their attorney, cannot be tried, convicted or sentenced so long as the incapacity continues. In such cases, legal proceedings are suspended and the individual is committed to DMH. • Once committed to the DMH, the individual is provided treatment to control psychiatric symptoms and provided education about court proceedings. Once determined by the DMH the individual's condition has improved such that the individual understands the proceedings and can assist their attorney, a report is prepared for the court; once the court finds the individual competent, legal proceedings can resume. • Because of delays in court hearings, some Incompetent to Proceed/Pretrial commitments remain at the hospital long

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	after the DMH has determined that the individual's psychiatric condition is stable and could be adequately managed in the jail. One initial analysis suggested that such delays accounted for the equivalent of 46 beds each year at FSH. Given that hospitals are operating at or near capacity, any such delay in discharging a stable individual could delay the admission of an unstable individual waiting in the jail. • In response to delays in the competency process and combined with facilities operating at capacity, the state of Oklahoma enacted legislation over the last several years designed to streamline the process. Of specific interest: o For any initial evaluation done on an inpatient basis, upon completion of the evaluation the individual shall be returned to the court within 5 business days. If the person is not returned, the county of commitment is held responsible for paying the per diem rate of the hospitalization for every day beyond 5 days. This language has been most effective in the expeditious return of individuals to the committing county once the report has been completed. o Following completion of the evaluation described above, the statute requires the competency hearing within 30 days. This prevents the need for reevaluation which is sometimes seen when months pass between the time of evaluation and the time of hearing. Missouri has no set time frame. o For those who have been committed as incompetent to proceed, once it is determined by DMH that the person has regained competency, a hearing shall be conducted within 20 days. Missouri has no set time frame and it is often here that long delays occur between the DMH finding of competency and the court hearing. The longer the delay, the more likely the need for additional evaluation prior to the hearing and the greater the possibility of psychiatric decompensation, particularly if the individual has been maintained in a county jail. • In Missouri, from FY 01 to FY 06 the number of those found Incompetent to Proceed increased by 200%. However, the increase occurred only at FSH and at NMPRC, suggesting regional differences in commitment rates. • For reasons unclear, Jackson County disproportionately has more Incompetent to Proceed commitments. o Jackson County, 57 patient days per 1,000 o St. Louis City & County, 34 patient days per 1,000 o Rest of Missouri, 20 patient days per 1,000 • Because of the need for a legal hearing, some Incompetent to Proceed/Pretrial commitments remain at the hospital long after the DMH has determined that the individual's psychiatric condition is stable and could be adequately managed in the jail. • With hospitals now operating at, or over, capacity, the DMH will be unable to meet the demand for services if the significant increase in Incompetent to Proceed commitments continues along the current trend line. • Initial analysis shows that, if enacted, this legislation could free up as many as 46 beds, about $7 million of funding. • The DMH is proposing asking for legislation similar to Oklahoma's and asks for input from the Commission. • Ron Dittemore asked for a motion to support the proposal presented. David Vlach made a motion that the Mental Health Commission support the proposal to ask for legislation similar to that in Oklahoma. Phillip McClendon seconded and the motion passed.

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BLUE RIBBON PANEL ON AUTISM	Tec Chapman and Julia Kaufmann, Division of Mental Retardation and Developmental Disabilities, presented an overview of the Blue Ribbon Panel Report on Autism Spectrum Disorders and recommendations. • Autism is the fastest growing developmental disability in the U.S. with as many as 1 in every 150 families affected. • The Division of MRDD serves 5,500 with ASD and their families through Home and Community Based waivers, POS, and the five regional projects. • The Blue Ribbon Panel on Autism, announced by Sen. Michael Gibbons and chaired by Senator Scott Rupp is comprised of 16 members. • The Panel is charged to define the state of autism in Missouri, provide findings, make appropriate recommendations, determine, develop and recommend steps necessary to position Missouri as the leader in treatment, training, research. • The panel held public forums in Jefferson City, Cape Girardeau, Springfield, St. Louis and Kansas City. • Findings included: ASDs present uniquely in each individual; need for a comprehensive, coordinated system of care; statewide approach to resources and access to services; limited capacity to diagnosis and treatment; and limited literature to guide or support evidence-based treatment. • The panel had 11 short-term and 25 long-term recommendations in five areas: Comprehensive, Coordinated System of Care; Adult Services; Healthcare and Developmental Supports; Education; Training. • Sixteen recommendations specifically mention the DMH. At least six other recommendations will require collaboration with other partners, i.e., parents/families, individuals with ASD, state agencies, universities, national organizations, centers of excellence, etc. • Some highlighted <u>short-term</u> recommendations: o #1: creates the Missouri Commission on Autism Spectrum Disorders o #3: creates the Office of Autism Services within the Division of MRDD o #15: recommends that Missouri adopt a universal protocol to be used by health care professionals and child serving agencies, such as Parents as Teachers o #18: recommends DMH establish a task force to determine the need for expansion of waiver programs o #20: recommends expansion of the Mid-MO rapid response model statewide • Some highlighted <u>long-term</u> recommendations: o #2: requires each state agency to submit a report to the Commission on ASD on funds allocated for services o #6: recommends continued development of supports to individuals with ASD, i.e., respite, crisis intervention o #11: recommends consideration of costs and benefits associated with funding follow along services for individuals with ASD in supported employment o #13: school districts inform parents of the importance of having a DMH service coordinator at the IEP meeting that takes place at around age 14 o #16: Missouri should designate ASD as a medical diagnosis, specifically a neurologically-based disorder o #17: establish a committee of major stakeholders to adopt screening, diagnosis, assessment, treatment standards

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	○ #19: recommends passing legislation requiring private insurance companies provide coverage for required services ○ #33: recommends Autism specific training for providers ○ #34: recommends pay differential for providers who have autism specific training ○ #35: recommends reinstating crisis intervention teams at each regional office • Highlighted Education-related recommendations: ○ #22: recommends DESE, DMH, local school districts, PAT, First Steps, refine eligibility criteria within First Steps ○ #23: recommends that school districts provide parents with a "Parent's Bill of Rights" on the IEP process and requires "sign off" on the discussion at the end of each meeting ○ #30: recommends that the term "educational diagnosis" be eliminated and that a medical diagnosis be allowed to establish eligibility for services • Moving forward ○ Enhancement of collaboration at the individual, local and state level will be essential ○ Additional appropriations will be necessary ○ Legislation will be required Beth Viviano made a motion that the Commission (1) draft a letter of thanks to Senator Scott Rupp for his support of this project; (2) draft a letter of thanks to the Blue Ribbon Panel for their effort and time spent on this report; and, (3) develop a press release expressing its approval and support of the Panel's recommendations. Patricia Bolster seconded the motion and the motion passed. Members will work with Bob Bax to draft a press release.
DIVISION UPDATES	Bernie Simons, Director of the Division of Mental Retardation and Developmental Disabilities, provided an update: • There were six responses to the RFP for Bellefontaine Habilitation Center to partnership with community provider. The evaluation team reviewed those and met this morning. A letter will be forthcoming from that evaluation team with recommendations. That will trigger subsequent events to move forward. • Jeff Grosvenor with MRDD gave a fiscal update on the Division. There are no major concerns at this time. Approximately 300 people on the wait list have been served and have come off the wait list. Jeff will have a final report by the end of the month on numbers on the wait list and will provide that to the Commission. John Heskett provided an update on the Office of Comprehensive Child Mental Health: • They have received reports from SAMHSA on the site visits to the System of Care sites. Reports are good, particularly with Transitions in St. Louis. They hope to use the experience of staff at that site in future grants. • Cooperative efforts between agencies are ongoing with Division of Youth Services. • Have received approval for school-based mental health from Medicaid. Funds are ready to go to Springfield schools. They are working with MO HealthNet to give other CMHCs who are providing school-based mental health services access to the Medicaid reimbursements that are available.

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FUTURE MEETINGS	The next Mental Health Commission Meeting is scheduled for February 14, 2008 in Jefferson City.
ADJOURN	The Mental Health Commission adjourned at 2:45 p.m. _____ Ron Dittemore, Chair